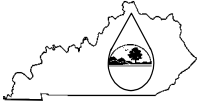


Form KISOP	KENTUCKY INTER-SYSTEM OPERATIONAL PERMIT Permit Application	 Division of Water
NAME OF FACILITY:		AGENCY USE ONLY
PERMIT NO.:		COUNTY:
This is an application to: (check one) <input type="checkbox"/> Apply for a new permit. <input type="checkbox"/> Apply for reissuance of an expiring permit. <input type="checkbox"/> Modify an existing permit.* (Give reason for modification under Section II.)		
I. KISOP CONTACT INFORMATION (Collection system where wastewater originates)		
Name of business, municipality, company, etc. requesting permit:		
Owner Name and Title:		
Owner Mailing Address (Street, etc.):		
Owner City, State, Zip:		
Owner Telephone Number:		
Owner Email Address:		
Contact Name and Official Title (if different than Owner):		
Contact Mailing Address (if different):		
Contact City, State, Zip (if different):		
Contact Telephone Number (if different):		
Contact Email Address (if different):		
II. KISOP LOCATION AND DESCRIPTION		
Collection system location (Street, road, highway, etc.):		
Collection system City, State, Zip:		
Collection system Latitude (Decimal Degrees):		
Collection system Longitude (Decimal Degrees):		
Total length of collection system (in feet):		
Total length of combined sewer system (in feet):		
Total length of separate sewer system (in feet):		
Population served by system (number of people, not connections):		
Total average daily flow received by KISOP (in gallons per day):		
*Reason for modifying existing permit:		

III. KISOP OPERATOR INFORMATION				
KISOP Operator Name:				
Operator Mailing Address (Street, etc.):				
Operator City, State, Zip:				
Operator Telephone Number:				
Operator Email Address:				
Operator Certification Class:			Operator Certification Number:	
IV. INDUSTRIAL CONTRIBUTORS TO KISOP				
Industry	Mailing Address (Street, city, state, zip)	Contact Name & Phone Number	Email Address	Gallons Per Day
V. CONVEYANCE FACILITY INFORMATION (Collection system receiving and conveying wastewater to WWTP. Complete this Section if Conveyance Facility is different than KISOP identified in Section I.)				
Name of Facility:				
Facility Mailing Address (Street, road, highway, etc.):				
Facility City, State, Zip:				
Contact Name and Official Title:				
Contact Telephone Number:				
Contact Email Address:				
VI. TRANSFER POINTS (Location where wastewater is transferred from KISOP to Conveyance Facility identified in Section V or WWTP identified in Section VII.)				
Name of Transfer Point	Volume Transferred (gallons per day, gpd)	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)	
VII. WASTEWATER TREATMENT PLANT (WWTP) RECEIVING WASTEWATER				
Name of WWTP:				

KPDES Permit Number of WWTP:	
WWTP Contact Name and Official Title:	
WWTP Contact Phone Number:	
WWTP Contact Email Address:	
VIII. MAPS	
<input type="checkbox"/> Attach a site location map with the KISOP clearly marked. Provide either an aerial map, topographic map, or other map that identifies the site location and significant features.	
<input type="checkbox"/> Indicate on site location map or another map the transfer points relative to streets, roads, etc. (A transfer point is the point where the wastewater is transferred from KISOP to the conveyance facility or WWTP.)	
<input type="checkbox"/> Provide a schematic showing the complete collection system of the contributing facility(ies) including size of lines and pumping stations. Also differentiate combined sewers and separate sanitary sewers.	
IX. CERTIFICATION	
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	
PRINTED NAME AND TITLE:	
SIGNATURE:	DATE:
TELEPHONE NO.:	EMAIL:

Return completed application form and attachments to:
Division of Water
Surface Water Permits Branch
300 Sower Boulevard, 3rd Floor
Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.